

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17113 (4)**  
 1. Corporation Name  
**LANCASTER I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-4351</b>	Mailing Address <b>1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573-4351</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/03/1986</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>59-2812751</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GREENE, ROBERT E.  
 1904 CLUBHOUSE DR.  
 SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SOLOMON, IRV</b>
STREET ADDRESS	<b>2301 LANCASTER DR</b>
CITY - ST - ZIP	<b>SUN CITY CENTER FL</b>
TITLE	<b>VD</b>
NAME	<b>CURTIS, JACK</b>
STREET ADDRESS	<b>2523 LANCASTER DR.</b>
CITY - ST - ZIP	<b>SUN CITY CENTER FL</b>
TITLE	<b>TD</b>
NAME	<b>HALPERT, JACK</b>
STREET ADDRESS	<b>2407 LANCASTER DR.</b>
CITY - ST - ZIP	<b>SUN CITY CENTER FL</b>
TITLE	<b>SD</b>
NAME	<b>BLACKWOOD, BOB</b>
STREET ADDRESS	<b>2302 LANCASTER DR</b>
CITY - ST - ZIP	<b>SUN CITY CENTER FL</b>
TITLE	<b>D</b>
NAME	<b>ALBRECHT, KEN</b>
STREET ADDRESS	<b>2501 LANCASTER DR.</b>
CITY - ST - ZIP	<b>SUN CITY CENTER FL</b>
TITLE	<b>D</b>
NAME	<b>DIENER, EARL</b>
STREET ADDRESS	<b>2528 LANCASTER DR</b>
CITY - ST - ZIP	<b>SUN CITY CENTER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>D Einhorn, Lou</b>
63 STREET ADDRESS	<b>2708 Lancaster Dr.</b>
64 CITY - ST - ZIP	<b>Sun City Center FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Blackwood **Robert J. Blackwood** 3-21-95 813-634-8251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

APPROVED AND FILED  
 95 MAY -1 PM 12:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

N17113

1995 Corporation Annual Report, Lancaster I Condominium Association, Inc., 59-2812751

Title: D Addition  
Name: Ling, Carl  
Street Address: 2706 Lancaster Dr.  
City/State: Sun City Center FL

Title: D Addition  
Name: Riblet, Helen  
Street Address: 2431 Lancaster Drive  
City/State: Sun City Center FL

Title: D Addition  
Name: Spangard, Bob  
Street Address: 2506 Lancaster Drive  
City/State: Sun City Center FL